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WORKMAN NYDEGGER (F/K/A WORKMAN NYDEGGER & SEELEY) 60 EAST SOUTH TEMPLE					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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SALI LAKE CITT, OT 64111				(Signature)				
				<u> </u>	<u> </u>		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/997,643 11/29/2001			Richard S. Ohran			14113.79	7417	
FITLE OF INVENTION: PRESERVING A SNAPSHOT OF SELECTED DATA OF A MASS STORAGE SYSTEM								
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE			
nonprovisional	NO NO	\$1400	\$300		\$0	\$1700	10/05/2007	
EXAMI		ART UNIT	CLASS-SUBCLASS	·				
BRADLEY, M	2187	711-162000		AA		<del></del>		
CFR 1.363).					up to 3 registered patent attorneys  1 Workman Nydegger			
Address form PTO/SB/122) attached.  Or agents O  (2) the name					e of a single firm (having as a member a 2			
"Fee Address" indip PTO/SB/47; Rev 03-02 Number is required.	registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 listed, no name will be printed.							
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
EMC Corporation Hopkinton, MA								
Please check the appropriate assignce category or categories (will not be printed on the patent):								
a. The following fee(s) are submitted:  4b. Payment of Fee(s)  Issue Fee  A check is encl					(Please first reapply any previously paid issue fee shown above)			
_		- 11 01100K 10 011010004.						
				Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
overpayment, to Deposit Account Number (enclose an extra copy of this form).								
Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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Authorized Signature /R. Burns Israelsen/					Octo	ober 3, 2007		
Typed or printed name R. Burns Israelsen				Registration No. 42,685				
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